OKLAHOMA
State Department of Health

Delivery via email to: brandon.albright@legendseniorliving.com

March 23, 2026

License Number: AL7241

Mr. Brandon Albright, Administrator
Prairie House Assisted Living & Memory Care
2450 North Stone Ridge Drive
Broken Arrow, OK 74012

Survey Event ID: SNTU11

Dear Mr. Henson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 18, 2026**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Prairie House Assisted Living & Memory Care**
Address: **2450 North Stone Ridge Drive**
City, State, Zip: **Broken Arrow, OK, 74102**
Provider #: **AL 7241**
Complaint #: **87217**
Investigation Date(s): **03/12/26 and 03/17/26 through 03/18/26**

ALLEGATION(S)
The center failed to provide necessary supplies to ensure a comfortable and homelike environment.
The center failed to ensure adequate staff to meet the needs of the residents.
The center failed to ensure call lights were answered in a timely manner.

An unannounced on-site investigation was initiated 03/12/2026 at 10:25 a.m.

A sample of five residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:
A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident halls were observed for odors and potential urine saturation of residents. Staff were observed for interactions with residents and call light response time.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, treatment Records. Facility policy and procedures were reviewed. Grievance records and Resident Council concerns were reviewed. Time sheets for employees on duty reviewed.

Residents were interviewed related to if they received their care in a timely manner and if they had concerns with getting supplies, they required. Staff members were asked about their ability to provide appropriate care in a timely manner.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 03/19/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Prairie House Assisted Living & Memory Care**
Address: **2450 North Stone Ridge Drive**
City, State, Zip: **Broken Arrow, OK, 74102**
Provider #: **AL 7241**
Complaint #: **87606**
Investigation Date(s): **03/12/26 and 03/17/26 through 03/18/26**

ALLEGATION(S)
The center failed to assess, monitor and intervene in a timely manner for a change in condition.
The center failed to assist with ADLs in a timely manner.
The center failed to ensure residents were treated with dignity and respect.
The center failed to ensure residents' representatives were notified of a change in condition.
The center failed to ensure an odor-free, clean/sanitary and homelike environment.
The center failed to ensure communication with other health providers as necessary.

An unannounced on-site investigation was initiated 03/12/2026 at 10:25 a.m.

A sample of seven residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:
A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident halls were observed for odors and potential urine saturation of residents. Staff were observed interacting with residents and assisting residents with personal needs, including providing incontinent care. Call light response time was observed.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, and treatment records including third party vendor treatment records. Facility policy and procedures were reviewed. Grievance records and Resident Council concerns were reviewed.

Residents were interviewed related to respectful interactions by staff, call light response time, if the facility notified their family of changes in their condition, and the comfort of their room and provision of housekeeping services. Staff members were asked about their ability to provide the appropriate care in a timely manner, process for keeping representatives informed of changes in condition, and communication with third party providers.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 03/19/2026

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INVESTIGATIVE REPORT

Facility: **Prairie House Assisted Living & Memory Care**
Address: **2450 North Stone Ridge Drive**
City, State, Zip: **Broken Arrow, OK, 74102**
Provider #: **AL 7241**
Complaint #: **OK00089469**
Investigation Date(s): **03/12/26 and 03/17/26 through 03/18/26**

ALLEGATION
The center failed to ensure safe transfer techniques were utilized.

An unannounced on-site investigation was initiated 03/12/2026 at 10:25 a.m.

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:
A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident bathrooms were observed to have a lift for each resident that required the assistance of a lift. resident required a lift for transfers. Staff were observed for assisting residents using the lifts appropriately.

Resident records were reviewed including assessments, care plans, physician orders, and nursing notes. Facility policy and procedures were reviewed. Grievance records and Resident Council concerns were reviewed.

Residents were interviewed related to the provision of appropriate 2 person transfers.
Staff members were interviewed regarding their knowledge of when and how to use a lift.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 03/19/2026

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INVESTIGATIVE REPORT

Facility: **Prairie House Assisted Living & Memory Care**
Address: **2450 North Stone Ridge Drive**
City, State, Zip: **Broken Arrow, OK, 74102**
Provider #: **AL 7241**
Complaint #: **89470**
Investigation Date(s): **03/12/26 and 03/17/26 through 03/18/26**

ALLEGATION
The center failed to have a pest control policy in place.

An unannounced on-site investigation was initiated 03/12/2026 at 10:25 a.m.

A sample of five residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:
A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident halls and common areas were observed for odors, clutter, or signs of pests.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, and treatment records. Facility pest log was reviewed. Grievance records and resident council concerns were reviewed.

Residents were interviewed concerning observing pests in their rooms or the facility.
Staff members were interviewed regarding the facility's pest control process.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 03/19/2026

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INVESTIGATIVE REPORT

Facility: **Prairie House Assisted Living & Memory Care**
Address: **2450 North Stone Ridge Drive**
City, State, Zip: **Broken Arrow, OK, 74102**
Provider #: **AL 7241**
Complaint #: **89765**
Investigation Date(s): **03/12/26 and 03/17/26 through 03/18/26**

ALLEGATION
The center failed to ensure residents were free from pressure sores and open wounds.

An unannounced on-site investigation was initiated 03/12/2026 at 10:25 a.m.

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:
A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident halls were observed for odors and potential urine saturation of residents. Staff were observed for assisting residents with incontinent care and making skin observations.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, and treatment records. Facility policy and procedures were reviewed. Grievance records were reviewed. Resident Council complaints were reviewed. Home Health records were reviewed and discussed with the Home Health representative.

Residents were interviewed related to the provision of incontinent care and timeliness of staff response to call lights. Staff members were interviewed regarding the facility policy on incontinent care, their responsibility in wound management, and process for third party communication.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 03/19/2026

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7241	A. BUILDING: _____ B. WING _____	C 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HOUSE ASSISTED LIVING & MEMOR'	2450 NORTH STONE RIDGE DRIVE BROKEN ARROW, OK 74012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS Complaint investigations (#OK00087217, OK00087606, OK00087969, OK00089470, and #OK00089765) were conducted on 03/12/26 and 03/17/26 through 03/18/26. No deficiencies were cited. Facility Census: 93	C 000		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE